



TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

<input type="checkbox"/> Sent via Express Mail Label No.:	Application Number	09/195,728
	Filing Date	November 18, 1998
	First Named Inventor	Drucker
	Group Art Unit	2672
	Examiner Name	Ryan Yang
Attorney Docket Number		112375.01

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to TC
<input checked="" type="checkbox"/> Amendment / Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Drawing(s) (# sheets)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Declaration and Power of Attorney <input type="checkbox"/> Newly Executed (# pages) <input type="checkbox"/> A copy from a prior application (37 CFR 1.63(d)) (# pages)	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Information Disclosure Statement with Form PTO/SB/08A (pages)	<input type="checkbox"/> Petition	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Response to Notice to File Missing Parts <input type="checkbox"/> A copy of the Notice to File Missing Parts Under 37 CFR 1.52 or 1.5	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Application Data Sheet
CERTIFICATE OF MAILING OR TRANSMISSION (Under 37 CFR § 1.8(a)) <input checked="" type="checkbox"/> I hereby certify that this correspondence is being: <input checked="" type="checkbox"/> deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop , Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450; or <input type="checkbox"/> transmitted by facsimile on the date shown below to the United States Patent and Trademark Office at (703) _____ <u>December 22, 2004</u> _____ <u>Carole Boelitz</u>	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Request for Corrected Filing Receipt
	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Return Receipt Postcard
	<input type="checkbox"/> Request for Refund	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
	<input type="checkbox"/> CD, Number of CD(s) _____	- Request for Continued Examination - Applicant Initiated Interview Request Form
Remarks	<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required, or credit any overpayments, to Deposit Account No. 50- 0463 for the above identified patent application.	

SIGNATURE OF ATTORNEY OR AGENT

Signature		Reg. No.	48,958		
Name of Attorney or Agent		Carole Boelitz			
Date	December 22, 2004	Tel.	(425) 722-6035	Facsimile No.	(425) 936-7329
Assignee Name:		MICROSOFT CORPORATION ONE MICROSOFT WAY REDMOND, WA 98052			
Customer Number:		22971			

Applicant Initiated Interview Request Form

DEC 28 2004

Application No.: 09/195,728

First Named Applicant: Drucker

Examiner: Ryan Yang

Art Unit: 2672

Status of Application:

Tentative Participants:

(1) Examiner Yang

(2) Carole A Boelitz

(3) SPE Michael Razavi

(4)

Proposed Date of Interview: January 26, 2005

Proposed Time: 11AM

(AM/PM)

Type of Interview Requested:

(1) ☒ Telephonic(2) ☐ Personal(3) ☐ Video ConferenceExhibit To Be Shown or Demonstrated: ☐ YES☒ NO

If yes, provide brief description:

Issues To Be Discussed

Issues (Rej., Obj., etc)	Claims/ Fig. #s	Prior Art	Discussed	Agreed	Not Agreed
(1) Rej.	37	Van Overveld	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) Rej.	13	Strandberg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) Rej.	1-22,24-39,43-46	Iwase	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(4)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Continuation Sheet Attached

Brief Description of Arguments to be Presented:

Van Overveld does not disclose an oblique parallel projection.

Strandberg does not disclose an outer surface having the same dimension in each of the plural views

An interview was conducted on the above-identified application on .

NOTE: This form should be completed by applicant and submitted to the examiner in advance of the interview (see MPEP § 713.01).

This application will not be delayed from issue because of applicant's failure to submit a written record of this interview. Therefore, applicant is advised to file a statement of the substance of this interview (37 CFR 1.133(b)) as soon as possible.

Applicant/Applicant's Representative Signature

Examiner/SPE Signature

Typed/Printed Name of Applicant or Representative

Carole A Boelitz

Registration Number, if applicable 48,958

This collection of information is required by 37 CFR 1.133. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.